

MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE

301 SOUTH PARK, 4TH FLOOR
PO BOX 200513
HELENA MT 59620-0513
Phone: 841-2385 Fax: (406) 841-2305
E-Mail: dlibsdotp@mt.gov
Website: www.mt.gov/dli/otp

REQUIREMENTS AND APPLICATION INSTRUCTIONS

**Incomplete applications will be returned with a statement regarding incomplete portions.
Once an application is complete, estimated time for issuance of permit or license is 5-7 days.**

OCCUPATIONAL THERAPIST

OCCUPATION THERAPY ASSISTANT

TEMPORARY PRACTICE PERMIT

Qualifications for licensure:

Applicant Must:

- ✓ Successfully complete the academic requirements of an educational program for Occupational Therapist or an Occupational Therapy Assistant that is accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education or predecessor organization:
www.aota.org/nonmembers/area13
- ✓ Submit evidence of having successfully completed the supervised fieldwork experience arranged by the recognized educational institution where the academic requirements were completed or by a nationally recognized professional association. The supervised fieldwork experience requirement for an occupational therapist is a minimum of 6 months. The supervised fieldwork experience for an occupational therapy assistant is a minimum of 2 months.
- ✓ Pass the National Board of Certification in Occupational Therapy exam (NBCOT), www.nbcot.com
- ✓ Submission of the applicant's certified copy of current NBCOT card is evidence of successful completion of the academic requirements, fieldwork experience and passage of the NBCOT exam.

Fees:

- ✓ \$80.00 Application fee for OT or OTA
- ✓ \$80.00 Initial License issuance fee for OT or OTA
- ✓ \$60.00 Temporary Practice Permit
- ✓ Fees may be combined.

Application Procedures:

A fully completed application for licensure, signed and notarized, shall be submitted with the following documents:

- ✓ Photocopy of Driver's License or other form of signed, photographic identification.
- ✓ Current certified copy of the NBCOT certificate and wallet card.
- ✓ Application and License fee in the amount of \$160.00. Make check or money order payable to the Board of Occupational Therapy Practice. All fees are non-refundable. Do not send cash.
- ✓ If currently or previously licensed in another state or jurisdiction, a License Verification/History must be sent to this office directly from those states or jurisdictions.

Temporary Practice Permit:

A temporary practice permit may be obtained by occupational therapy course graduates who are waiting to sit for the NBCOT examination. The Temporary permit is valid until the person either fails the first license application for which the person is eligible following issuance of the permit or passes the application and is granted a license. Applicants who have

previously taken the national examination and failed, are not eligible for a temporary practice permit. Applicants for a temporary permit must meet the qualification for licensure and application procedures and must submit the following:

- ✓ Official Transcripts

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Application For Licensure As: (please check one)

- ☐ **OCCUPATIONAL THERAPIST REGISTERED \$160.00** ☐ **TEMPORARY PRACTICE PERMIT
(Pending Results of NBCOT)**
- ☐ **CERTIFIED OCCUPATIONAL THERAPIST ASSISTANT \$160.00** ☐ **TEMPORARY PRACTICE PERMIT
(Pending Results of NBCOT)**

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. PRESENT EMPLOYER: _____

4. EMPLOYER'S ADDRESS _____
Street or PO Box # City & State Zip

5. HOME ADDRESS: _____
Street or PO Box # City & State Zip

PREFERRED MAILING ADDRESS: ☐ Home ☐ Employer E-MAIL ADDRESS: _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ Male ☐ Female

9. LICENSE NAME _____
(State your name as it should appear on the license if granted)

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

10. Have you ever been denied the right to take this profession's licensing exam in any state? If yes, attach a detailed explanation. ☐ YES ☐ NO

11. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach a detailed explanation. ☐ YES ☐ NO

12. Has your license ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ YES ☐ NO

13. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ YES ☐ NO

14. Have you ever been expelled from or asked to resign from any professional organization of which you were a member? If yes, please attach a detailed explanation. ☐ YES ☐ NO
15. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations, for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐ YES ☐ NO
16. Have you ever been charged with fraud, formally or informally, in any legal proceeding? If yes, attach a detailed explanation ☐ YES ☐ NO
17. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation ☐ YES ☐ NO
18. Have you within the last three years, used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ YES ☐ NO
19. Has any legal or disciplinary action been filed against you relating to or during the course of your professional practice? If yes, attached a detailed explanation. ☐ YES ☐ NO
20. If taking the examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ YES ☐ NO
21. Have you ever taken the NBCOT Exam? (If yes, please answer the following) ☐ YES ☐ NO

EXAM TYPE	RESULTS	DATES

NOTICE: SUBMIT A CERTIFIED COPY OF CURRENT NBCOT CARD. (A Temporary Permit expires upon notification of results of NBCOT exam or one year, whichever comes first).

22. Do you currently hold a license in another state as an Occupational Therapist or limited permit? ☐ YES ☐ NO

License Type	State	License Number	Date Issued	Is the License Current?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

YOU MUST REQUEST LICENSE VERIFICATION FROM ALL STATES WHERE YOU CURRENTLY HOLD OR EVER HELD A LICENSE.

23. EDUCATION:

List all colleges, universities, or course(s) that you have attended and/or completed. Temporary Permit applicants must include copy of official transcript and diploma from the occupational therapy educational program.

College/University	Course	Dates Attended	# of Credits	

24. **EXPERIENCE:** Provide all locations in which you have practiced in the last five (5) years.

Name of Facility:			
Address:		City	State
Dates:	From:	To:	

Name of Facility:			
Address:		City	State
Dates:	From:	To:	

Name of Facility:			
Address:		City	State
Dates:	From:	To:	

Name of Facility:			
Address:		City	State
Dates:	From:	To:	

Name of Facility:			
Address:		City	State
Dates:	From:	To:	

Name of Facility:			
Address:		City	State
Dates:	From:	To:	

25. **TEMPORARY PRACTICE PERMIT ADDITIONAL INFORMATION:**

EXAM DATE FOR NBCOT EXAM: _____

SIGNATURE OF LICENSED OCCUPATIONAL THERAPIST WHO IS SUPERVISING APPLICANT:

_____ DATE: _____

SUPERVISOR:

DESCRIBE METHOD OF SUPERVISION: _____

[illegible]

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Dated

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.

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LICENSE VERIFICATION/HISTORY

CONTACT EACH BOARD PRIOR TO SENDING THIS FORM AS THERE MAY BE A FEE CHARGED

I, _____, am applying for a license to practice _____, in the State of Montana.

The Montana Board requires verification of licensure be provided by each jurisdiction in which I hold or have held a license. I hereby authorize and request you to release any information in your files, favorable or otherwise, directly to the Montana Board at the address above. Thank you for your earliest attention.

Applicant's Signature

STATE LICENSURE BOARD

(Please provide the following information)

Name of Licensee: _____

License Number: _____

Date of Issuance: _____

Expires: _____

Is license current? ☐ Yes ☐ No

Licensed as _____

Licensed by _____

Has the applicant's license ever been suspended or revoked? ☐ Yes ☐ No

Are there any complaints and/or legal actions pending against this applicant? ☐ Yes ☐ No

If the answer for any of these questions is yes, please explain on the reverse side of this form.

Signature of Licensing Official

Title

Dated

BOARD SEAL

Name of Licensure Board

Address

City/State/Zip